

## Decannulation checklist

Prior to Decannulation the inter-professional team will confirm that the following points are considered prior to proceeding with decannulation

- The timing of the decannulation procedure needs consideration; to minimise the risks to the patient.
- The clinical environment should have sufficient competent staff and equipment available.
- The position of the patient within their clinical setting should allow staff to visualise the patient easily and the patient should have constant access to an appropriate call system.
- It may be necessary to transfer the patient undergoing decannulation to an area where 1:1 nursing care can be offered and ready access to specialist staff who could appropriately deal with a failed decannulation or other complications.
- Extra caution is essential if the patient is known to have a complex airway (E.g. requiring an adjustable flange tracheostomy) or has a previously documented difficult intubation.
- This document may not be appropriate for patients requiring palliation. Please refer to medical team for guidance.

<b>1</b>	They are considered clinically stable	YES/NO
<b>2</b>	The patient can maintain and protect their airway spontaneously	YES/NO
<b>3</b>	They are requiring less than 40% supplemental oxygen to maintain adequate oxygen saturation and with respiratory rate less than 20 bpm, or as otherwise specified by a respiratory physician or intensivist	YES/NO
<b>4</b>	They are free from ventilatory support with adequate respiratory function	YES/NO
<b>5</b>	They are haemodynamically stable	YES/NO
<b>6</b>	They are absent of fever or active infection	YES/NO
<b>7</b>	The patient is consistently alert	YES/NO
<b>8</b>	They have a strong consistent cough (able to cough into mouth)	YES/NO
<b>9</b>	Patient not dependant on deep suctioning to maintain respiratory clearance.	YES/NO
<b>10</b>	They have control of saliva +/- a competent swallow	YES/NO
<b>11</b>	They are not planned for procedures requiring anaesthesia within next 24-48 hours	YES/NO

**Decannulation checklist continued**

If all the criteria above not met and decannulation to proceed, provide additional information below:

**Decannulating nurse/doctor to complete date and sign:**